

Fill in this information to identify your case:

Debtor 1 NEBRA OVERRETTA SINGLETON
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Maryland

Case number 19 - 16817
(If known)

2019 JUN -3 PM 3:48

U.S. BANKRUPTCY COURT
DISTRICT OF MARYLAND
GREENBELT
☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets**Your assets**

Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)1a. Copy line 55, Total real estate, from *Schedule A/B* \$ 140,000.001b. Copy line 62, Total personal property, from *Schedule A/B* \$ 36,576.981c. Copy line 63, Total of all property on *Schedule A/B* \$ 176,576.98**Part 2: Summarize Your Liabilities****Your liabilities**

Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)2a. Copy the total you listed in Column A, *Amount of claim*, at the bottom of the last page of Part 1 of *Schedule D* \$ 273,183.173. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F* \$ 0.003b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F* + \$ 35,719.91**Your total liabilities** \$ 308,903.08**Part 3: Summarize Your Income and Expenses**4. *Schedule I: Your Income* (Official Form 106I)Copy your combined monthly income from line 12 of *Schedule I* \$ 1,212.445. *Schedule J: Your Expenses* (Official Form 106J)Copy your monthly expenses from line 22c of *Schedule J* \$ 3,356.06

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Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 1,212.44

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>13,239.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$ <u>0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>13,239.00</u>

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1.3.

Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.>

\$ 140,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

3.1. Make: INFINITY
 Model: QX56
 Year: 2010
 Approximate mileage: 215000

Other information:

transmission issue

Who has an interest in the property? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ 5,500.00 \$ 5,500.00

If you own or have more than one, describe here:

3.2. Make: ACURA
 Model: TLX
 Year: 2016
 Approximate mileage: 20000

Other information:

REPOSSED IN 2018; COSIGNER

Who has an interest in the property? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ 13,721.73 \$ 13,721.73

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3.3. Make: _____
 Model: _____
 Year: _____
 Approximate mileage: _____
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

☐ **Check if this is community property** (see instructions)

\$ _____ \$ _____

3.4. Make: _____
 Model: _____
 Year: _____
 Approximate mileage: _____
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

☐ **Check if this is community property** (see instructions)

\$ _____ \$ _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

4.1. Make: _____
 Model: _____
 Year: _____
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

☐ **Check if this is community property** (see instructions)

\$ _____ \$ _____

If you own or have more than one, list here:

4.2. Make: _____
 Model: _____
 Year: _____
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

☐ **Check if this is community property** (see instructions)

\$ _____ \$ _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here →

\$ **19,221.73**

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Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the
portion you own?
Do not deduct secured claims
or exemptions.**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No☒ Yes. Describe..... 4 piece leather living room furniture(\$1000), (1) king size bed (\$600), (1) triple
dressers and media center(\$600); (1) desk (\$150), (1) night stand(150); \$ 2,600.00**7. Electronics**Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music
collections; electronic devices including cell phones, cameras, media players, games☐ No☒ Yes. Describe..... (1) sound system (\$150) \$ 150.00**8. Collectibles of value**Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects;
stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☐ No☒ Yes. Describe..... (2) Robert Miller paintings; (1) framed "Sugar Shack" print (\$1000) \$ 1,000.00**9. Equipment for sports and hobbies**Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes
and kayaks; carpentry tools; musical instruments☒ No☐ Yes. Describe..... \$**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No☐ Yes. Describe..... \$**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No☒ Yes. Describe..... Professional and everyday clothes; shoes \$ 5,000.00**12. Jewelry**Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,
gold, silver☐ No☒ Yes. Describe..... (1) 3 stran of peals (\$350); (1) single stran pearls (\$250) \$ 600.00**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

☒ No☐ Yes. Describe..... \$**14. Any other personal and household items you did not already list, including any health aids you did not list**☐ No☒ Yes. Give specific
information..... desk(\$150); printer (\$350); books (\$250); computer (\$350); appliances (\$950) \$ 2,000.00**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached
for Part 3. Write that number here** →

\$ 11,350.00

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Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the
portion you own?Do not deduct secured claims
or exemptions.**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☒ No☐ Yes

Cash: \$

17. Deposits of money*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes

Institution name:

17.1. Checking account:	TD Bank	\$ 12.00
17.2. Checking account:	USAA (Checking)	\$ 0.48
17.3. Savings account:	USAA (Savings)	\$ 5.13
17.4. Savings account:		\$
17.5. Certificates of deposit:		\$
17.6. Other financial account:		\$
17.7. Other financial account:		\$
17.8. Other financial account:		\$
17.9. Other financial account:		\$

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☒ No☐ Yes

Institution or issuer name:

	\$
	\$
	\$

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture☐ No☒ Yes. Give specific
information about
them.....

Name of entity:

The Joseph Management Consulting Group LLC

% of ownership:

100% %

0% %

0% %

\$ 0.00

\$

\$

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Case number (if known) **19 - 16817****20. Government and corporate bonds and other negotiable and non-negotiable instruments***Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.☒ No☐ Yes. Give specific information about them.....

Issuer name:

_____ \$ _____

_____ \$ _____

_____ \$ _____

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans☐ No☒ Yes. List each account separately.

Type of account:

Institution name:

401(k) or similar plan: American Century (Plan ID 845683) \$ 12.64

Pension plan: _____ \$ _____

IRA: _____ \$ _____

Retirement account: _____ \$ _____

Keogh: _____ \$ _____

Additional account: _____ \$ _____

Additional account: _____ \$ _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☒ No☐ Yes.....

Institution name or individual:

Electric: _____ \$ _____

Gas: _____ \$ _____

Heating oil: _____ \$ _____

Security deposit on rental unit: _____ \$ _____

Prepaid rent: _____ \$ _____

Telephone: _____ \$ _____

Water: _____ \$ _____

Rented furniture: _____ \$ _____

Other: _____ \$ _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes.....

Issuer name and description:

_____ \$ _____

_____ \$ _____

_____ \$ _____

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24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

\$ _____

\$ _____

\$ _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit☒ No☐ Yes. Give specific

information about them....

\$ 0.00

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☐ No☒ Yes. Give specific

information about them....

www.jmcgllc.com; logo

\$ 1,250.00

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No☐ Yes. Give specific

information about them....

\$ 0.00

Money or property owed to you?

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

28. Tax refunds owed to you☐ No☒ Yes. Give specific information
about them, including whether
you already filed the returns
and the tax years.

2018 taxes filed and processed

Federal: \$ 1,375.00

State: \$ 65.00

Local: \$ _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No☐ Yes. Give specific information.....

Alimony: \$ 0.00

Maintenance: \$ 0.00

Support: \$ 0.00

Divorce settlement: \$ 0.00

Property settlement: \$ 0.00

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No☐ Yes. Give specific information.....

\$ _____

Debtor 1

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Case number (if known) **19 - 16817****31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☒ No

☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value:

 _____ \$
 _____ \$
 _____ \$

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information. _____ \$

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment*Examples:* Accidents, employment disputes, insurance claims, or rights to sue☒ No

☐ Yes. Describe each claim. _____ \$

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims☒ No

☐ Yes. Describe each claim. _____ \$

35. Any financial assets you did not already list☒ No

☐ Yes. Give specific information. _____ \$

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here\$ **3,155.25****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**☐ No. Go to Part 6.☒ Yes. Go to line 38.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned☒ No

☐ Yes. Describe. _____ \$ 0.00

No funds/monies generated during 2018; OR 2019 TO DATE

39. Office equipment, furnishings, and supplies*Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices☐ No

☒ Yes. Describe. _____ \$ 1,250.00

(1) desk (\$150); (1) printer(\$150); (2) cellphones(\$800); (1) chair(\$150)

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40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade☒ No☐ Yes. Describe.....

\$ _____

41. Inventory☒ No☐ Yes. Describe.....

\$ _____

42. Interests in partnerships or joint ventures☒ No☐ Yes. Describe.....

Name of entity:

% of ownership:

_____ %

\$ _____

_____ %

\$ _____

_____ %

\$ _____

43. Customer lists, mailing lists, or other compilations☒ No☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?☒ No☐ Yes. Describe.....

\$ _____

44. Any business-related property you did not already list☒ No☐ Yes. Give specific information

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here →

\$ 1,250.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**☒ No. Go to Part 7.☐ Yes. Go to line 47.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

☒ No☐ Yes.....

\$ 0.00

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48. Crops—either growing or harvested

☒ No☐ Yes. Give specific information.....

\$ 0.00

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

☒ No☐ Yes

\$ 0.00

50. Farm and fishing supplies, chemicals, and feed

☒ No☐ Yes

\$ 0.00

51. Any farm- and commercial fishing-related property you did not already list

☒ No☐ Yes. Give specific information.....

\$ 0.00

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here

\$ 0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☐ No☒ Yes. Give specific information.....

lg fireplace (\$250); lg coffee pot (\$100); queen size bed (\$450); coffee tables (\$250); 3 floor length mirrors (\$450); lg wooden pedastal (\$100)

\$ 1,600.00

\$ 0.00

\$ 0.00

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$ 1,600.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 → \$ 140,000.00

56. Part 2: Total vehicles, line 5 \$ 19,221.73

57. Part 3: Total personal and household items, line 15 \$ 11,350.00

58. Part 4: Total financial assets, line 36 \$ 3,155.25

59. Part 5: Total business-related property, line 45 \$ 1,250.00

60. Part 6: Total farm- and fishing-related property, line 52 \$ 0.00

61. Part 7: Total other property not listed, line 54 + \$ 1,600.00

62. Total personal property. Add lines 56 through 61. \$ 36,576.98 Copy personal property total → + \$ 36,576.98

63. Total of all property on Schedule A/B. Add line 55 + line 62. \$ 176,576.98

Fill in this information to identify your case:

Debtor 1	<u>NEBRA</u>	<u>OVERRETTA</u>	<u>SINGLETON</u>
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of Maryland			
Case number (if known)	<u>19 - 16817</u>		

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
Brief description: _____ Line from <i>Schedule A/B</i> : _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: <u>Living Room Furnitur</u> Line from <i>Schedule A/B</i> : <u>6</u>	\$ <u>1,000.00</u>	<input checked="" type="checkbox"/> \$ <u>1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11-504(b)(5),(f)</u>
Brief description: <u>PAINTINGS</u> Line from <i>Schedule A/B</i> : <u>8</u>	\$ <u>1,000.00</u>	<input checked="" type="checkbox"/> \$ <u>1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11-504(b)(4)</u>

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☒ No
☐ Yes

Debtor 1

NEBRA

OVERRETTA

SINGLETON

First Name

Middle Name

Last Name

Case number (if known) 19 - 16817

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: <u>CLOTHING</u> Line from Schedule A/B: <u>11</u>	\$ <u>5,000.00</u>	<input checked="" type="checkbox"/> \$ <u>5,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wildcard 11-504(b)(5),(f)(l)(i)(1)
Brief description: <u>JEWELRY</u> Line from Schedule A/B: <u>12</u>	\$ <u>600.00</u>	<input checked="" type="checkbox"/> \$ <u>600.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11-504(b)(1)
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: <u>Surround Sound Sys</u> Line from Schedule A/B: <u>7</u>	\$ <u>150.00</u>	<input checked="" type="checkbox"/> \$ <u>150.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11-504(b)(4)
Brief description: <u>Business books</u> Line from Schedule A/B: <u>14</u>	\$ <u>250.00</u>	<input checked="" type="checkbox"/> \$ <u>250.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11-504(b)(4)
Brief description: <u>Refrigerator</u> Line from Schedule A/B: <u>14</u>	\$ <u>350.00</u>	<input checked="" type="checkbox"/> \$ <u>350.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11-504(b)(1)
Brief description: <u>Computer (DELL)</u> Line from Schedule A/B: <u>14</u>	\$ <u>300.00</u>	<input checked="" type="checkbox"/> \$ <u>300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11-504(b)(4)
Brief description: <u>Dishwasher</u> Line from Schedule A/B: <u>14</u>	\$ <u>250.00</u>	<input checked="" type="checkbox"/> \$ <u>250.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11-504(b)(4)
Brief description: <u>Mircrowave</u> Line from Schedule A/B: <u>14</u>	\$ <u>350.00</u>	<input checked="" type="checkbox"/> \$ <u>350.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11-504(b)(4)
Brief description: <u>Bus Desk</u> Line from Schedule A/B: <u>39</u>	\$ <u>150.00</u>	<input checked="" type="checkbox"/> \$ <u>150.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11-504(b)(4)
Brief description: <u>Printer</u> Line from Schedule A/B: <u>39</u>	\$ <u>150.00</u>	<input checked="" type="checkbox"/> \$ <u>150.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11-504(b)(1)
Brief description: <u>Cellphones</u> Line from Schedule A/B: <u>39</u>	\$ <u>800.00</u>	<input checked="" type="checkbox"/> \$ <u>800.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11-504(b)(5)

Debtor 1

NEBRA

OVERRETTA

SINGLETON

Case number (if known) 19 - 16817

First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: <u>CHAIR</u> Line from Schedule A/B: <u>39</u>	\$ <u>150.00</u>	<input checked="" type="checkbox"/> \$ <u>150.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 -1504(b) (4)
Brief description: <u>KING SIZE BR</u> Line from Schedule A/B: <u>6</u>	\$ <u>600.00</u>	<input checked="" type="checkbox"/> \$ <u>600.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 -1504(b) (4)
Brief description: <u>TRIPLE DRESSER</u> Line from Schedule A/B: <u>6</u>	\$ <u>350.00</u>	<input checked="" type="checkbox"/> \$ <u>350.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 -1504(b) (4)
Brief description: <u>BR MEDIA CTR</u> Line from Schedule A/B: <u>6</u>	\$ <u>250.00</u>	<input checked="" type="checkbox"/> \$ <u>250.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 -1504(b) (4)
Brief description: <u>DESK</u> Line from Schedule A/B: <u>6</u>	\$ <u>150.00</u>	<input checked="" type="checkbox"/> \$ <u>150.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 -1504(b) (4)
Brief description: <u>NIGHT STAND</u> Line from Schedule A/B: <u>6</u>	\$ <u>150.00</u>	<input checked="" type="checkbox"/> \$ <u>150.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 -1504(b) (4)
Brief description: <u>FIREPLACE</u> Line from Schedule A/B: <u>6</u>	\$ <u>250.00</u>	<input checked="" type="checkbox"/> \$ <u>250.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 -1504(b) (4)
Brief description: <u>QUEEN SIZE BR</u> Line from Schedule A/B: <u>6</u>	\$ <u>450.00</u>	<input checked="" type="checkbox"/> \$ <u>450.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 -1504(b) (4)
Brief description: <u>3 COFFEE TABLES</u> Line from Schedule A/B: <u>53</u>	\$ <u>250.00</u>	<input checked="" type="checkbox"/> \$ <u>250.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 -1504(b) (4)
Brief description: <u>LG ARAB COF POT</u> Line from Schedule A/B: <u>53</u>	\$ <u>100.00</u>	<input checked="" type="checkbox"/> \$ <u>100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 -1504(b) (4)
Brief description: <u>3 FLOOR MIRRORS</u> Line from Schedule A/B: <u>53</u>	\$ <u>450.00</u>	<input checked="" type="checkbox"/> \$ <u>450.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 -1504(b) (4)
Brief description: <u>LG PEDSTOL</u> Line from Schedule A/B: <u>53</u>	\$ <u>100.00</u>	<input checked="" type="checkbox"/> \$ <u>100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 -1504(b) (4)

Debtor 1 **NEBRA OVERRETТА SINGLETON**
 First Name Middle Name Last Name

Case number (if known) **19 - 16817****Part 1:****Additional Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A
Amount of claim
 Do not deduct the
 value of collateral.

Column B
Value of collateral
 that supports this
 claim

Column C
Unsecured
portion
 If any

2.3 Virginia Employment Commission

Creditor's Name
Cashier's Office
 Number Street
PO Box 27592
Richmond VA 23261
 City State ZIP Code

Describe the property that secures the claim:

\$ 6,705.60 \$ 6,705.60 \$ 0.00

filing fee

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset) LIEN

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred 02/01/2016Last 4 digits of account number 3 2 2 9**2.5 HBC Utilities LLC**

Creditor's Name
c/oRudder Mgmt Inc
 Number Street
PO Box 1475
Severna Park Md 21146
 City State ZIP Code

Describe the property that secures the claim:

\$ 629.60 \$ 629.60 \$ 0.00

primary residence annual utility fee

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset) lien

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred 07/02/2016Last 4 digits of account number 0 0 6 4**2.5 WESTLAKE FINANCIAL SVCS**

Creditor's Name
4751 WILSHIRE BLVD
 Number Street
STE 1
LOS ANGELES CA 90010
 City State ZIP Code

Describe the property that secures the claim:

\$ 17,754.45 \$ 5,500.00 \$ 12,254.45

AUTOMOBILE

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred 12/17/2020Last 4 digits of account number 3 0 9 5

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 25,089.65

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$

Debtor 1 **NEBRA OVERRETTA SINGLETON**
 First Name Middle Name Last Name

Case number (if known) **19 - 16817****Part 1:****Additional Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A
Amount of claim
Do not deduct the
value of collateral.

Column B
Value of collateral
that supports this
claim

Column C
Unsecured
portion
If any

2.7 HBC UTILITIES

Describe the property that secures the claim:

\$ 2,989.79 \$ 2,989.79 \$ 0.00

Creditor's Name

C/O RUDDER MGMT INC

Number Street

PO BOX 1475

SEVERNA PARK Md 21146

City State ZIP Code

primary residence annual utility fee

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☒ Judgment lien from a lawsuit
☐ Other (including a right to offset)

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim relates to a
community debt

Date debt was incurred 08/15/2015Last 4 digits of account number 0 0 8 4**2.8 Metropolis Condo Mgmt**

Describe the property that secures the claim:

\$ \$ \$

Creditor's Name

4307 Gallatin Street

Number Street

(Villages of Potomac of Indian)

Hyattsville Md 20781

City State ZIP Code

HOA Fees: TBD Case #D-042-CV-18-00282

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset) open /amt TBD

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim relates to a
community debt

Date debt was incurred 05/11/2018

Last 4 digits of account number

2.8 American Honda Finance Corp

Describe the property that secures the claim:

\$ 13,721.73 \$ 13,721.73 \$ 0.00

Creditor's Name

13856 Ballantyne Corporation

Number Street

Charlotte NC 28277

City State ZIP Code

leased vehicle. repo 2018. guarantor for small business

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim relates to a
community debt

Date debt was incurred 04/20/2016Last 4 digits of account number 4 2 4 6

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 16,711.52

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$

Debtor 1 **NEBRA OVERRETTA SINGLETON**
 First Name Middle Name Last Name

Case number (if known) **19 - 16817****Part 1:****Additional Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
--	--	--

CAPITOL ONE AUTO FINANC	Describe the property that secures the claim:	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Creditor's Name PO BOX 259407	PAID OFF. CAR LOAN. (800) 946 - 0332. OLD BAL: \$22,853			
Number Street				
PLANO TX 75025	As of the date you file, the claim is: Check all that apply.			
City State ZIP Code	<input type="checkbox"/> Contingent			
	<input type="checkbox"/> Unliquidated			
	<input checked="" type="checkbox"/> Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
<input checked="" type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)			
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)			
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Judgment lien from a lawsuit			
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Other (including a right to offset) _____			
<input type="checkbox"/> Check if this claim relates to a community debt				
Date debt was incurred _____	Last 4 digits of account number <u>U N K</u>			

ALLY FINANCIAL	Describe the property that secures the claim:	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Creditor's Name PO BOX 380901	PAID OFF. OLD BAL: \$14,947			
Number Street				
BLOOMINGTON mn 55438	As of the date you file, the claim is: Check all that apply.			
City State ZIP Code	<input type="checkbox"/> Contingent			
	<input type="checkbox"/> Unliquidated			
	<input checked="" type="checkbox"/> Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
<input type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)			
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)			
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Judgment lien from a lawsuit			
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Other (including a right to offset) _____			
<input type="checkbox"/> Check if this claim relates to a community debt				
Date debt was incurred _____	Last 4 digits of account number <u>u n k</u>			

HBC UTILITIES	Describe the property that secures the claim:	\$ <u>575.95</u>	\$ <u>575.95</u>	\$ <u>0.00</u>
Creditor's Name C/O RUDDER MGMT INC	filed 12/15/2008			
Number Street PO BOX 1415				
SEVERNA PARK md 21146	As of the date you file, the claim is: Check all that apply.			
City State ZIP Code	<input type="checkbox"/> Contingent			
	<input type="checkbox"/> Unliquidated			
	<input checked="" type="checkbox"/> Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)			
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)			
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Judgment lien from a lawsuit			
<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other (including a right to offset) <u>lien</u>			
<input type="checkbox"/> Check if this claim relates to a community debt				
Date debt was incurred _____	Last 4 digits of account number <u>0 0 6 4</u>			

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 575.95

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$ _____

Debtor 1 **NEBRA OVERRETТА SINGLETON**
 First Name Middle Name Last Name

Case number (if known) **19 - 16817****Part 1:****Additional Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--

<input checked="" type="checkbox"/> HBC UTILITIES Creditor's Name C/O RUDDER MGMT INC Number Street PO BOX 1475 SEVERNA PARK md 21146 City State ZIP Code	Describe the property that secures the claim: \$ <u>636.90</u> \$ <u>636.90</u> \$ <u>0.00</u> As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) <u>LIEN</u>
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>02/14/2021</u>	Last 4 digits of account number <u>0 0 6 4</u>

<input checked="" type="checkbox"/> VILLAGES OF POTOMAC AT Creditor's Name INDIAN HEAD Number Street 4307 GALLATIN STREET HYATTSVILLE md 20781 City State ZIP Code	Describe the property that secures the claim: \$ <u>4,664.00</u> \$ <u>4,664.00</u> \$ <u>0.00</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Condo lien</u>
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>01/06/2021</u>	Last 4 digits of account number <u>0 4 0 0</u>

<input checked="" type="checkbox"/> VILLAGES OF POTOMAC AT Creditor's Name INDIAN HEAD Number Street 4307 GALLATIN STREET HYATTSVILLE md 20781 City State ZIP Code	Describe the property that secures the claim: \$ <u>3,246.25</u> \$ <u>3,246.25</u> \$ <u>0.00</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Condo Lien</u>
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>02/24/2021</u>	Last 4 digits of account number <u>0 4 0 0</u>

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 8,547.15

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$

Debtor 1 **NEBRA OVERRETТА SINGLETON**
 First Name Middle Name Last Name

Case number (if known) **19 - 16817****Part 1:****Additional Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--

VILLAGES OF POTOMAC AT

Creditor's Name

INDIAN HEAD

Number Street

4307 GALLATIN STREET**HYATTSVILLE md 20781**

City State ZIP Code

Describe the property that secures the claim:

\$ **936.90**\$ **936.90**\$ **0.00****Metropolis Condo Mgmt. Past due HOA**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset) **Condo Lien**

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred **12/29/2021**Last 4 digits of account number **0 4 0 0****HBC UTILITIES**

Creditor's Name

C/O RUDDER MGMT LLC

Number Street

PO BOX 1475**SEVERNA PARK md 21146**

City State ZIP Code

Describe the property that secures the claim:

\$ **936.90**\$ **936.90**\$ **0.00****yearly utilities fee**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset) **Condo lien**

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred **02/07/2021**Last 4 digits of account number **0 0 6 4**

Creditor's Name

Number Street

City State ZIP Code

Describe the property that secures the claim:

\$ \$ \$

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred

Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ **1,873.80**

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$ **273,183.17**

Debtor 1 **NEBRA OVERRETTA SINGLETON**
 First Name Middle Name Last Name

Case number (if known) **19 - 16817****Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐ **ALLTRAN FINANCIAL, LP**
 Name
PO BOX 4043
 Number Street

On which line in Part 1 did you enter the creditor? 2.8Last 4 digits of account number 4 2 4 6

CONCORD **CA** **94524**
 City State ZIP Code

☐ **LESSANS, PRALEY & MCCORMICK, PA**
 Name
7419 Baltimore Annapolis Blvd
 Number Street
PO Box 1330

On which line in Part 1 did you enter the creditor? 2.4Last 4 digits of account number 1 2 4 5

Glen Burnie **MD** **21060**
 City State ZIP Code

☐ **ATTORNEY LAWRENCE I WACHTEL**
 Name
1401 ROCKVILLE PIKE
 Number Street
SUITE 560
ROCKVILLE **MD** **20852**
 City State ZIP Code

On which line in Part 1 did you enter the creditor? 2.7Last 4 digits of account number 2 8 2 5

☐
 Name
 Number Street
 City State ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number 1 2 4 5

☐
 Name
 Number Street
 City State ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

☐
 Name
 Number Street
 City State ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

Fill in this information to identify your case:

Debtor 1	NEBRA	OVERRETTA	SINGLETON
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of Maryland			
Case number (If known)	19 - 16817		

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims against you?**

- ☒ No. Go to Part 2.
☐ Yes.

- 2. List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.
 (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
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2.1

Priority Creditor's Name _____

Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____

Number _____ Street _____

When was the debt incurred? _____

City _____ State _____ ZIP Code _____

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Is the claim subject to offset?

- ☐ No
☐ Yes

2.2

Priority Creditor's Name _____

Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____

Number _____ Street _____

When was the debt incurred? _____

City _____ State _____ ZIP Code _____

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Debtor 1

NEBRA

OVERRETTA

SINGLETON

First Name

Middle Name

Last Name

Case number (if known) 19 - 16817

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount

Priority Creditor's Name

Last 4 digits of account number _____

\$ _____ \$ _____ \$ _____

Number _____ Street _____

When was the debt incurred? _____

City _____ State _____ ZIP Code _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Priority Creditor's Name

Last 4 digits of account number _____

\$ _____ \$ _____ \$ _____

Number _____ Street _____

When was the debt incurred? _____

City _____ State _____ ZIP Code _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Priority Creditor's Name

Last 4 digits of account number _____

\$ _____ \$ _____ \$ _____

Number _____ Street _____

When was the debt incurred? _____

City _____ State _____ ZIP Code _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Debtor 1

NEBRA

OVERRETTA

SINGLETON

First Name

Middle Name

Last Name

Case number (if known) 19 - 16817

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1 PNC BANK Nonpriority Creditor's Name CUSTOMER SERVICE, PO BOX 609 Number Street PITTSBURGH PA 15230 City State ZIP Code	Last 4 digits of account number <u>1 5 4 6</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>BUS ACCT./COLLECTIONS</u>	Total claim \$ <u>422.36</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

4.2 CREDIT ONE BANK, NA Nonpriority Creditor's Name PO BOX 98878 Number Street LAS VEGAS NV 89193 City State ZIP Code	Last 4 digits of account number <u>1 4 3 7</u> When was the debt incurred? <u>04/28/2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CUST. DEBT/COLLECTIONS</u>	\$ <u>1,502.36</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

4.3 VERIZON WIRELESS Nonpriority Creditor's Name P O BOX 50051 Number Street DALLAS TX 75265 City State ZIP Code	Last 4 digits of account number <u>0 0 0 1</u> When was the debt incurred? <u>08/30/2017</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CUST. DEBT/COLLECTIONS</u>	\$ <u>360.31</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1

NEBRA

OVERRETTA

SINGLETON

Case number (if known) 19 - 16817

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4

NAVIENT STUDENT LOANS

Nonpriority Creditor's Name

123 S JUSTISON STREET

Number Street

WILMINGTON

DE

19801

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 1 0 2\$ 11,283.69When was the debt incurred? 03/19/1999

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed

Type of NONPRIORITY unsecured claim:

☒ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify _____

5

T - MOBILE

Nonpriority Creditor's Name

PO BOX 742596

Number Street

CINANNATI

OH

45274

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 6 9 3 1\$ 270.00When was the debt incurred? 05/20/2005

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify BUS. DEBT/COLLECTIONS

6

ADP LLC

Nonpriority Creditor's Name

PO BOX 12513; 1851 N. RESLER DRIVE

Number Street

EL PASO

TX

79912

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 8 8 9 6\$ 499.95When was the debt incurred? 03/29/1999

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify BUS DEBT

Debtor 1

NEBRA OVERRETTA SINGLETON

First Name Middle Name Last Name

Case number (if known) 19 - 16817

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.7

Catherine's

Nonpriority Creditor's Name

PO Box 182789

Number Street

Columbus

OH

43218

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number U N K N

\$ 49.04

When was the debt incurred? 04/20/2019

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify consumer credit card

4.8

CapitolOne Bank Credit Card

Nonpriority Creditor's Name

15000 Capitol One Drive

Number Street

Richmond

VA

23238

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 8 9 7 7

\$ 2,256.08

When was the debt incurred? 09/18/2018

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify consumer credit card

4.9

CapitolOne Bank Checking Account

Nonpriority Creditor's Name

15000 Capitol One Drive

Number Street

Richmond

VA

23238

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 4 3 9 3

\$ 451.73

When was the debt incurred? 10/30/2016

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify CHARGE OFF

Debtor 1

NEBRA OVERRETTA SINGLETON

First Name Middle Name Last Name

Case number (if known) 19 - 16817

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

10

CASHNET USA

Nonpriority Creditor's Name

175 W. JACKSON BLVD, STE 100

Number Street

CHICAGO

IL

60604

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 1 4 3

\$ 292.14

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify CONSUMER DEBT

11

24 HOURFITNESS

Nonpriority Creditor's Name

MEMBER SERVICES; P O BOX 2689

Number Street

CARLSBAD

CA

92018

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 5 2 9 3

\$ 15.00

When was the debt incurred? 01/23/2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify CONSUMER DEBT

MILITARY STAR CARD

Nonpriority Creditor's Name

P O BOX 740890

Number Street

CINCINNATI

OH

45274

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 8 6 6 5

\$ 7,275.35

When was the debt incurred? 08/22/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify CONSUMER DEBT

Debtor 1

NEBRA

OVERRETTA

SINGLETON

Case number (if known) 19 - 16817

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

13

AMERICAN HONDA FINANCIAL CORPORATION

Nonpriority Creditor's Name

13856 BALLANTYNE CORP PLACE

Number Street

CHAROLETTE

NC

28277

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 4 2 4 6When was the debt incurred? 06/20/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify BUSINESS DEBT

\$ 13,721.79

14

VA EMPLOYMENT COMMISSION

Nonpriority Creditor's Name

P O BOX 27592

Number Street

RICHMOND

VA

23261

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 3 2 2 9When was the debt incurred? 11/30/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify FILING FEE

\$ 6,705.60

15

ST OF MARYLAND TAXATION AND ASSESSMENT

Nonpriority Creditor's Name

301 W. PRESTON STREET

Number Street

BALTIMORE

MD

21201

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 0 8 5When was the debt incurred? 04/15/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify SMALL BUS FILING FEE

\$ 700.00

Debtor 1

NEBRA

OVERRETTA

SINGLETON

First Name

Middle Name

Last Name

Case number (if known) 19 - 16817

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

17

VIRGINIA DEPARTMENT OF TAXATION

Nonpriority Creditor's Name

OFFICE OF CUSTOMER SERVICE, BOX 1115

Number Street

RICHMOND**VA****23218**

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 4 4 3 5\$ 72.10When was the debt incurred? 11/30/2017

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify SMALL BUSINESS EXPENSE

18

NAVIENT STUDENT LOANS

Nonpriority Creditor's Name

123 S. JUSTISON STREET

Number Street

WILMINGTON**DE****19801**

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 1 0 1\$ 1,970.18When was the debt incurred? 05/20/2009

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed

Type of NONPRIORITY unsecured claim:

☒ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify _____

19

GODADDY.COM, LLC

Nonpriority Creditor's Name

14455 NORHT HAYDEN ROAD, STE 2019

Number Street

SCOTTSDALE**AZ****85260**

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 9 3 1 3\$ 79.99When was the debt incurred? 06/22/2019

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify BUSINESS EXPENSE

Debtor 1

NEBRA OVERRETTA SINGLETON

First Name Middle Name Last Name

Case number (if known) 19 - 16817

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

20

USAA FEDERAL SAVINGS BANK

Nonpriority Creditor's Name

P O BOX 47504

Number Street

SAN ANTONIO

TX

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number _____

\$ 0.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify ACCT CLOSED/PD OFF

21

NORTHAMPTON APARTMENTS

Nonpriority Creditor's Name

12304 BALTIMORE AVE, STE E

Number Street

BELTSVILLE

MD

20705

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number U N K

\$ 0.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify PAID OFF/ACCT CLOSED

22

SYNCB/CHEVRON

Nonpriority Creditor's Name

P O BOX 965015

Number Street

ORLANDO

FL

32896

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number U N K

\$ 0.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify ACCT CLOSED/PD OFF

Debtor 1

First Name Middle Name Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

23

LEGAL ZOOM, LLC

Nonpriority Creditor's Name

9900 SPECTRUM DRIVE

Number Street

AUSTIN

TX

78719

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 3 5 4 8

\$ 249.00

When was the debt incurred? 07/15/2017

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify BUSINESS EXPENSE

Nonpriority Creditor's Name

Number Street

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No☐ Yes

Last 4 digits of account number _____

\$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify _____

Nonpriority Creditor's Name

Number Street

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No☐ Yes

Last 4 digits of account number _____

\$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify _____

Debtor 1

NEBRA

OVERRETTA

SINGLETON

Case number (if known) 19 - 16817

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

ATLANTIC CREDIT AND FINANCE, INC

Name

P O BOX 2001

Number Street

WARREN

City

MI

State

48090

ZIP Code

CREDIT CONTROL, LLC

Name

5757 PHANTOM DRIVE

Number Street

HAZELWOOD

City

MO

State

63042

ZIP Code

CREDIT COLLECTION SERVICES

Name

PAYMENT PROCESSING SERVICES

Number Street

PO BOX 55128

NORWOOD

City

MA

State

02062

ZIP Code

SOUTHWEST CREDIT

Name

4120 INTERNATIONAL PKWY, STE 100

Number Street

CARROLLTON

City

TX

State

75007

ZIP Code

NATIONAL ENTERPRISE SYSTEMS

Name

2479 EDISON BLVD

Number Street

TWINSBURG

City

OH

State

44087

ZIP Code

Name

ALLTRAN FINANCIAL, LP

Number Street

PO BOX 4043

CONCORD

City

CA

State

94524

ZIP Code

PENNCREDIT CORPORATION

Name

PO BOX 1259; DEPARTMENT 91047

Number Street

OAKS

City

PA

State

19456

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1 4 3 7

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 0 0 0 1

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 1 5 4 6

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 0 4 0 0

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 6 4 2 1

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 4 2 4 6

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.16 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 1 2 1 4

Debtor 1

NEBRA OVERRETTA SINGLETON

First Name Middle Name Last Name

Case number (if known) 19 - 16817

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

MIDLAND FUNDING, LLC

Name

P O BOX 98872

Number Street

LAS VEGAS

City

NV

State

89193

ZIP Code

NATIONAL RECOVERY OPERATIONS

Name

P O BOX 26055

Number Street

MINNEAPOLIS

City

MN

State

55426

ZIP Code

Name

Number Street

City

State

ZIP Code

Name

Number Street

City

State

ZIP Code

Name

Number Street

City

State

ZIP Code

Name

Number Street

City

State

ZIP Code

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number _ _ _ _

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number _ _ _ _

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number _ _ _ _

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number _ _ _ _

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number _ _ _ _

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number _ _ _ _

Debtor 1

NEBRA OVERRETTA SINGLETON
First Name Middle Name Last Name

Case number (if known) 19 - 16817

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ 0.00
	6b. Taxes and certain other debts you owe the government	6b. \$ 0.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ 0.00
	6e. Total. Add lines 6a through 6d.	6e. \$ 0.00
Total claim		
Total claims from Part 2	6f. Student loans	6f. \$ 13,239.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ 35,719.91
	6j. Total. Add lines 6f through 6i.	6j. \$ 48,958.91

Fill in this information to identify your case:

Debtor 1 NEBRA OVERRETTA SINGLETON
First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Maryland

Case number 19 - 16817
 (if known)

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No

☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☐ Yes. In which community state or territory did you live? _____. Fill in the name and current address of that person.

 Name of your spouse, former spouse, or legal equivalent

 Number Street

 City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1 THE JOSEPH MANAGEMENT CONSULTING GROUP LLC

Name

304A DR ANDREWS WAY

Number Street

INDIAN HEAD

MARYLAND

20640

City

State

ZIP Code

☒ Schedule D, line 2.8

☒ Schedule E/F, line 4.13

☒ Schedule G, line 2.1

3.2

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3.3

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1 NEBRA OVERRETTA SINGLETON
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Maryland

Case number 19 - 16817
 (If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☒ Employed
☐ Not employed

- ☐ Employed
☐ Not employed

OccupationARMY RESERVIST**Employer's name**US ARMY RESERVES**Employer's address**

1250 ANNAPOLIS ROAD
Number Street
(200TH MIL CMD)

Number Street

FORT MEADE MD 20775
City State ZIP Code

City State ZIP CodeHow long employed there? 30YRS30YRS**Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1**For Debtor 2 or non-filing spouse**

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 984.24\$

3. Estimate and list monthly overtime pay.

3. + \$ 0.00+ \$

4. Calculate gross income. Add line 2 + line 3.

4. \$ 984.24\$

Debtor 1 **NEBRA** **OVERRETTE** **SINGLETON**
First Name Middle Name Last Name

Case number (if known) **19 - 16817**

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here..... → 4.	\$ 984.24	\$	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ 269.64	\$	
5b. Mandatory contributions for retirement plans	5b. \$	\$	
5c. Voluntary contributions for retirement plans	5c. \$	\$	
5d. Required repayments of retirement fund loans	5d. \$	\$	
5e. Insurance	5e. \$ 29.00	\$	
5f. Domestic support obligations	5f. \$	\$	
5g. Union dues	5g. \$	\$	
5h. Other deductions. Specify: _____	5h. + \$	+ \$	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 298.64	\$	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 685.60	\$	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$	
8b. Interest and dividends	8b. \$ 0.00	\$	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$	
8d. Unemployment compensation	8d. \$ 0.00	\$	
8e. Social Security	8e. \$ 0.00	\$	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: <u>FOOD STAMPS</u>	8f. \$ 107.00	\$	
8g. Pension or retirement income	8g. \$ 0.00	\$	
8h. Other monthly income. Specify: <u>ENERGY ASSISTANCE</u>	8h. + \$ 221.20	+ \$	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 328.20	\$	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 1,212.44	+ \$	\$ 1,212.44
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: <u>FOOD STAMPS</u>		11. + \$	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies		12. \$ 1,212.44	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: <u>I AM HOPEFUL TO REGAIN VIABLE WAGES/INCOME.</u>			

Debtor 1

NEBRA

OVERRETTA

SINGLETON

First Name

Middle Name

Last Name

Case number (if known) 19 - 16817

Your expenses

5. **Additional mortgage payments for your residence**, such as home equity loans 5. \$ 0.00
6. **Utilities:**
- 6a. Electricity, heat, natural gas 6a. \$ 220.21
- 6b. Water, sewer, garbage collection 6b. \$ 70.10
- 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 272.00
- 6d. Other. Specify: 6d. \$
7. **Food and housekeeping supplies** 7. \$ 107.00
8. **Childcare and children's education costs** 8. \$
9. **Clothing, laundry, and dry cleaning** 9. \$
10. **Personal care products and services** 10. \$
11. **Medical and dental expenses** 11. \$
12. **Transportation.** Include gas, maintenance, bus or train fare.
Do not include car payments. 12. \$
13. **Entertainment, clubs, recreation, newspapers, magazines, and books** 13. \$
14. **Charitable contributions and religious donations** 14. \$
15. **Insurance.**
Do not include insurance deducted from your pay or included in lines 4 or 20.
- 15a. Life insurance 15a. \$
- 15b. Health insurance 15b. \$
- 15c. Vehicle insurance 15c. \$ 152.00
- 15d. Other insurance. Specify: 15d. \$
16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.
Specify: 16. \$
17. **Installment or lease payments:**
- 17a. Car payments for Vehicle 1 17a. \$ 617.57
- 17b. Car payments for Vehicle 2 17b. \$
- 17c. Other. Specify: 17c. \$
- 17d. Other. Specify: 17d. \$
18. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).** 18. \$
19. **Other payments you make to support others who do not live with you.**
Specify: 19. \$
20. **Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**
- 20a. Mortgages on other property 20a. \$
- 20b. Real estate taxes 20b. \$
- 20c. Property, homeowner's, or renter's insurance 20c. \$
- 20d. Maintenance, repair, and upkeep expenses 20d. \$
- 20e. Homeowner's association or condominium dues 20e. \$

Debtor 1 NEBRA OVERRETTA SINGLETON
First Name Middle Name Last Name

Case number (if known) 19 - 16817

21. Other. Specify: _____

21. +\$ _____

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 3,356.06

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ 0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 3,356.06

23. Calculate your monthly net income.

23a. Copy line 12 (*your combined monthly income*) from Schedule I.

23a. \$ 1,212.44

23b. Copy your monthly expenses from line 22c above.

23b. -\$ 3,356.06

23c. Subtract your monthly expenses from your monthly income.
 The result is your *monthly net income*.

23c. \$ -2,143.62

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

Explain here: Yes. While I have been without primary employment/subcontract wages since 10/2017, I am going to change career fields and I will hopefully obtain wages by that means.

Debtor 2			
(Spouse, if filing)			
First Name	Middle Name	Last Name	

☐ Check if this is an amended filing

12/15

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

☒ No

☐ Yes. Name of person _____, Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

x Debra Q. Ingletor **x**
Signature of Debtor 1

Signature of Debtor 2

Date 05/30/2019
MM/DD/YYYY

Date MM / DD / YYYY